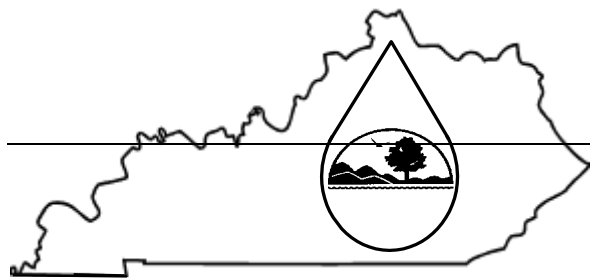


[KPDES FORM KISOP



Kentucky Inter-System Operational Permit

Application

This is an application to: (check one)

- ☐ Apply for a new permit.
☐ Apply for reissuance of an expiring permit.
☐ Modify an existing permit.

For additional information contact:

Surface Water Permits Branch (502) 564-3410

AGENCY USE

A. _____

Owner of facility where wastewater originates

Mailing Address — number and street or other identifier

County

City

State

Zip Code

B. _____

Name of organization receiving wastewater for further conveyance to a treatment facility

Address — Number and Street

City

State

Zip Code

Name of wastewater treatment plant which ultimately receives wastewater

C. Submit map(s) indicating the following:

- Transfer points relative to streets, roads, etc. (A transfer point is the point where the wastewater is transferred from your collection system to the system receiving the wastewater for further conveyance and ultimate treatment.)
- Schematic showing the complete collection system of the contributing facility including size of lines and pumping stations and differentiate combined sewers and separate sanitary sewer.

D. Indicate total length (in feet) of the collection system _____ feet

Indicate length (in feet) of the combined sewer system _____ feet

Indicate length (in feet) of the separate sewer system _____ feet

E. Actual population served by your system (number of people, not number of connections) _____

Total average daily flow from your facility into the receiving facility _____ gallons per day (gpd)

F. List any industrial contributors to your system and the amount of wastewater contributed.

Industry	Gallons Per Day	Industry	Gallons Per Day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
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G.

Transfer Point	Volume Transferred (gpd)	Latitude (NAD 83)	Longitude (NAD 83)
		Degrees Minutes Seconds	Degrees Minutes Seconds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. _____ If overflow occurs during wet weather at a point in the system, please identify by name or number and indicate by using a CSO or SSO abbreviation whether diversion is part of a combined sewer (CSO) or sanitary sewer (SSO) system:

Identification	_____			_____		
Latitude (Required For CSO only)	Deg. _____	Min. _____	Sec. _____	Deg. _____	Min. _____	Sec. _____
Longitude (Required For CSO only)	Deg. _____	Min. _____	Sec. _____	Deg. _____	Min. _____	Sec. _____
Give the number of incidents	_____	per year		_____	per year	
Give the average duration of incident	_____	hours		_____	hours	
Give the average volume per incident	_____	gallons		_____	gallons	

Identification	_____			_____		
Latitude (Required For CSO only)	Deg. _____	Min. _____	Sec. _____	Deg. _____	Min. _____	Sec. _____
Longitude (Required For CSO only)	Deg. _____	Min. _____	Sec. _____	Deg. _____	Min. _____	Sec. _____
Give the number of incidents	_____	per year		_____	per year	
Give the average duration of incident	_____	hours		_____	hours	
Give the average volume per incident	_____	gallons		_____	gallons	

I. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name and Official Title (Type or Print) _____	Phone No. (Area Code and Number) _____
Signature	Date Signed

For additional information contact: **Surface Water Permits Branch, (502) 564-3410**

Return completed form to: _____ **Surface Water Permits Branch**
 _____ **Division of Water**
 _____ **200 Fair Oaks Lane**
 _____ **Frankfort, KY 40601**

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